

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>MR</i>	75331	
O.I.P.E. CLASSIFIER		49	12/20/99
FORMALITY REVIEW	<i>HA</i>	71529	1/10/00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	Original
1	8/2/02
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3	7/10/03
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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